



Vicenza  
Legal Center  
"All the Way"

Request for Chapter

Date: \_\_\_\_\_

- \_\_\_\_\_ 5-8 Parenthood
- \_\_\_\_\_ 5-13 Personality Disorder
- \_\_\_\_\_ 9 Alcohol or Drug Rehabilitation Failure
- \_\_\_\_\_ 13 Unsatisfactory Performance
- \_\_\_\_\_ 14-12b Pattern of Misconduct
- \_\_\_\_\_ 14-12c Commission of a Serious Offense
- \_\_\_\_\_ 18 Failure to Meet Body Fat Standards
- \_\_\_\_\_ Other

**All information requested is essential to accurately complete your requested action. Action will not be processed without complete documentation.**

Soldier's Name: \_\_\_\_\_ Rank: \_\_\_\_\_

SSN: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

PEBD: \_\_\_\_\_ BASD: \_\_\_\_\_

Unit: \_\_\_\_\_ Office Symbol: \_\_\_\_\_

Intended Characterization of Service: \_\_\_\_\_ Honorable, General, Other

Chapter	AR 635-200, Para. 1-16 Counseling	Counseling statements relevant to reason for separation	Current copy of service member's DA Form 2-1 & ERB	Current mental evaluation	Current medical evaluation	Diagnosis by psychiatrist the soldier does have a personality disorder	Statement by soldier's counselor stating that the soldier is a rehabilitative failure	Weight control program letter with 5 Endorsements	DA Form 5500-R for the time IN the program	DD Form 2808 (Report of Medical Examination)	ACAP	IAW Title 10 USC Section 11
5-8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>	
5-13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	
9		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	
14-12b	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	
14-12c		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	
17			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

I certify that the request packet contains the needed supporting documents as shown above.  
+Enlisted Records Brief. \_\_\_\_\_  
Initials \_\_\_\_\_

Commanding \_\_\_\_\_